

ASSETS

Type of Assets	Description (Be Specific)	Estimated Value
CASH (On hand, savings, chequing account)		
FURNITURE		
PERSONAL EFFECTS		
RRSP's		
RESP's		
STOCKS, BONDS AND INVESTMENTS		
LIFE INSURANCE POLICIES		
REAL PROPERTY		
HOUSE		
COTTAGE		
LAND		
MOTORIZED VEHICLE		
AUTO 1		
AUTO 2		
MOTORCYCLE		
SNOWMOBILE		
ATV		
CAMPER TRAILER		
OTHER:		
RECREATIONAL EQUIPMENT		
ESTIMATED TAX REFUND		
OTHER ASSETS		

TOTALS _____

Please complete a list of all your employers, including EI, since your last income tax return

PERSON A

Type of Occupation:		
Name of Employer	Start Date	End Date

PERSON B

Type of Occupation:		
Name of Employer	Start Date	End Date

INCOME TAX RETURNS:

Person A	What was the last year you filed your income tax return?	Amount Owning?
Person B	What was the last year you filed your income tax return?	Amount Owning?

DEPENDENTS: People who rely on you for financial support.

Name	Relationship	Date of Birth	Address if Different	Income

DETAILS ON MAINTENANCE PAYMENTS:

Child Support:
Spousal Support:
Other:

DETAILS ON GARNISHMENTS, ATTACHMENTS OR JUDGEMENTS:

INHERITANCE - Are you entitled or do you expect to receive an inheritance?	YES [] NO []
SUMS OF MONEY - Do you expect to receive any sums of money in addition to regular income?	YES [] NO []
BONDED - Are you insured to handle money?	YES [] NO []
NEW CREDIT - Have you obtained any new credit in the last three months?	YES [] NO []
CO-SIGNERS - Has anyone co-signed or guaranteed a debt for you?	YES [] NO []

PREVIOUS INSOLVENCIES:

<p>PREVIOUS BANKRUPTCY - Have you ever been bankrupt before? YES [] NO []</p> <p>What year? _____</p> <p>What province? _____</p> <p>What was the cause? _____</p>
<p>PREVIOUS PROPOSAL - Have you ever filed a proposal before? YES [] NO []</p> <p>What year? _____</p> <p>What province? _____</p> <p>What was the cause? _____</p>

NET MONTHLY INCOME

PERSON A

PERSON B

Type of Occupation		
Pension/Annuities		
Spousal Income		
Family Allowance		
Alimony / Child Support		
Employment Insurance Benefits		
Social Assistance		
Rental Income		
Other Income:		

TOTAL\$ _____

TOTAL\$ _____

MONTHLY EXPENSES: Non-Discretionary Expenses

PERSON A

PERSON B

Child Support Payments		
Spousal Support Payments		
Child Care		
Health-related expenses		
Fines/Penalties being paid		
Employment-related expenses		
Debts where stay has been lifted by court		

TOTAL\$ _____

TOTAL\$ _____

MONTHLY EXPENSES: Discretionary Expenses

Housing Expenses		Living Expenses	
Rent / Mortgage	_____	Food / Groceries	_____
Property Taxes	_____	Laundry / Dry Cleaning	_____
Heating and/or Gas or Oil	_____	Grooming / Toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____		
Hydro / Electricity	_____	Transportation Expenses	
Water	_____	Car Lease / Payments	_____
		Repair / Maintenance / Gas	_____
Personal Expenses		Public Transportation	_____
Smoking	_____		
Alcohol	_____	Insurance Expenses	
Dining / Lunches / Restaurants	_____	Vehicle	_____
Entertainment / Sports	_____	House	_____
Gifts / Charitable Donations	_____	Furniture / Contents	_____
		Life Insurance	_____
Non-Recoverable Medical Expenses		Other:	_____
Prescriptions	_____		
Dental	_____		
Other:	_____		

TOTAL\$ _____